

**Application for Contact Lens Dispensing Permit
Corporation or Other Business Entity**

Budget ZZ041

Fund 156

Contact Lens Dispensing Permit Program
Texas Department of Health
P. O. Box 12197
Austin, Texas 78711-2197
(512) 834-4515

This application is for a corporation or other business entity that is required to obtain a contact lens dispensing permit. Individuals or sole proprietors who are required to obtain permits must complete the form *Application for Contact Lens Dispensing Permit - Individual or Sole Proprietor*.

All questions must be answered. Failure to do so may result in delays in the processing of your application. Please type or print legibly.

1. **Name of applicant:** _____

2. **Preferred mailing address:** _____

Street Address or P.O. Box

Suite or Apartment number

City

State

Zip

NOTE: All mail will be sent to the preferred mailing address you list in item 2 without regard to any other address that may appear on this application or on the envelope in which it was mailed. Changes in the preferred mailing address should be reported in writing to the Contact Lens Permit Program, 1100 West 49th Street, Austin, Texas 78756-3183.

3. **Business telephone:** _____

4. **Has your business entity ever had a contact lens dispensing permit, license, registration, or certificate denied, revoked, cancelled, or suspended?**

_____ **YES** _____ **NO** If YES, please provide the name and address of the issuing agency and a brief explanation of the facts: _____

5. **Provide the trade names and addresses of all locations in which you intend to conduct business:**
(Use additional sheets if necessary.)

6. **Permit Fees: \$300 for each location. Enclose with this application a check or money order made payable to Texas Department of Health.**

(NOTE: The Texas Contact Lens Prescription Act provides that a corporation or business entity that has 10 or more locations may obtain a single permit for the entity and its employees.)

7. **Type of Ownership**

Check one: ☐ Corporation
☐ Partnership
☐ Other (Specify: _____)

8. **Enclose a list that shows the names and addresses of all officers, directors, registered agents, and major shareholders.**

9. **Franchise Tax: Please submit with your initial and/or renewal application a current letter of good standing or exemption from taxes from the Office of the State Comptroller or a notarized certification that the tax owed to the State of Texas under the Tax Code, Chapter 171, is not delinquent or that the corporation is exempt from the payment of the tax and is not subject to the Tax Code, Chapter 171.**

Franchise Tax Identification Number: _____

If your business entity is a corporation, state law requires the Texas Department of Health to verify if a corporation is delinquent in payment of franchise tax. A state agency may not grant a permit to a corporation found to be delinquent in payment of the state franchise tax.

STATEMENTS OF ASSURANCE

Read and initial each statement to certify that you understand and agree to immediately comply with the statement.

_____ The corporation or business entity and its employees will comply with all state and federal laws and regulations regarding the sale, delivery, and dispensing of contact lenses.
_____ I have read and understand the Texas Contact Lens Prescription Act and I agree to comply with its provisions.
_____ I understand that fees and materials submitted in the application process are the property of Texas Department of Health and will not be refunded or returned.
_____ I agree that, if the corporation or business entity is issued a permit, I will return the permit if disciplinary action is taken against the permit as provided in the Texas Contact Lens Prescription Act.

CERTIFICATION

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person who is the **AUTHORIZED REPRESENTATIVE** of the corporation or other business entity, and acknowledged to me that all information contained in this document and accompanying documents is truthful and complete.

Signature of authorized representative

Printed name of authorized representative

GIVEN under my hand and seal of office, this _____ day of _____, 20____.

Notary Public in and for _____ County, Texas or

(Signature of Notary)